

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW



Ste 870

☐(Check if address
is changed)

Washington

DC

20005

3319

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SMyers@aad.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.skinpac.org

COMMITTEE'S FAX NUMBER

2028424355

2. DATE

M M
1 1/ D D
1 5/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00359539

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

M M
1 1/ D D
1 5/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American Academy of Dermatology Association

Mailing Address

1350 I St NW

Ste 870

Washington

DC

20005

3319

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☒

Trade Association

☐

Cooperative

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Shana Myers**

Mailing Address **1350 I St NW**

Ste 870

Washington DC 20005 - 3319

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Man., Pol. Affairs Telephone number **202 712 2615**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Steven Debnar**

Mailing Address **1624 Kenyon Drive**

Naperville IL 60565 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number **847 240 1128**

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase

Mailing Address

111 E Busse Ave

Mount Prospect

IL

60056

CITY ▲

STATE ▲

ZIP CODE ▲